

U S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

# INMATE REQUEST TO STAFF MEMBER

DATE: Apr 25 2000

TO: Hospital  
(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give Details).

Good day I have request a blood test  
And were told to look at the call-out,  
please look at attach copy. Thank you for your  
earliest reply.

Name: Anthony Allen No: 140428-053  
Work Assignment: clinician Unit: CIA

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

Date: 10/26/61

You will be scheduled.  
A+O. Physicals are being  
done first. Watch  
the call-out.

T. McKean  
Officer

Original-File  
Canary-Inmate

FCI McKean

FCI McKean  
Previously BP-Admin-70

BP-148(70)  
July 1999

LEAVENWORTH, KANSAS

90 NOV -4 AM 11:05  
FBI NCKEAN HETLTH SVC.

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 11/3/99

TO: MS. Rymer Hospital R.W.  
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Good day, I would like to send for my glasses from the optical, so I'm asking for your permission at the earliest time. Thank you very much.

Prism Optical, Inc.  
P.O. Box 680030  
10992 NW 7th Ave.  
N. Miami, Florida 33168

(Use other side of page if more space is needed)

NAME: Anthony Allen

No.: 40428053

Work assignment: unicon

Unit: CA

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 11/10/99

The form has been completed & sent to the Mail Room.

C. Rymer, RN

Officer

C. Rymer, RN

DATE \_\_\_\_\_

TO: \_\_\_\_\_  
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like a copy of my eye prescription, Also  
I would appreciate if you could give me the approval  
so my family can send me a glasses from the streets.  
Thank you very much

(Use other side of page if more space is needed)

NAME: Anthony Allen No.: 40428-053  
Work assignment: unicor Unit: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) DATE 7/29/99

*See attached*

*[Signature]*  
Officer



CD 1111  
BP-S148.70  
Oct. 1986

## INMATE REQUEST TO STAFF MEMBER

FCI MCNEAN HEALTH SVC.

P.S. 5511.05  
March 3, 1994

Attachment A-Page 1

U.S. DEPARTMENT OF JUSTICE

99 JUN 14 AM 7:23

FEDERAL BUREAU OF PRISONS

TO:

Dr. or PA: Hospital

DATE: June 14/99

[Name and Title of Staff Member]

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done. [Give details]

Good day, About Four (4) months ago I wrote you concerning my glasses and you told me I am on the waiting list, but all I need is a copy of the same glass because I know that my vision is the same. Hoping for your earliest reply.

Thank you very much.

[Use other side of page if more space is needed]

NAME:

Anthony Allen

NUMBER:

40428-053

WORK ASSIGNMENT:

Unicar

UNIT:

3A

NOTE: If you follow instructions in preparing your request it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: [Do not write in this space]

It is the optometrist who may refuse to make glasses from an old prescription but your copy is attached

C. Rymer RN

Staff Member Signature

6/29/99

Date

C. Rymer, RN

BP-S148.070 INMATE REQUEST TO STAFF MEMBER CDFRM  
APR 94

UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO: PA Hospital DATE March 18/99  
(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

I lost my glass, and would  
like for you to replace it for me.  
Thank very much.

(Use other side of page if more space is needed)

NAME: Anthony Allen NO.: 40428-053  
WORK ASSIGNMENT: Unicor UNIT: CA

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: Do not write in this space)

DATE 3-19-99

**Your name has been added to  
the waiting list. Please  
watch the call-outs.**

Record Copy - File; Copy - Inmate

(This form may be replicated via WP) Replaces BP-148 of Oct 86

D. Tanner, HIT  
Officer

**D. Tanner, HIT**



INMATE REQUEST TO STAFF MEMBER

FCI MCKEAN HEALTH SVC.

97 AUG 15 AM 11:27

DATE

8/15/97

TO:

Hospital

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like to know the result  
of my X-Ray. Thank you.

(Use other side of page if more space is needed)

NAME: Anthony Allen

No.: 404 28053

Work assignment: Unicorn

Unit: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

9/5/97

Your x-ray was within normal limits

*[Signature]*

Officer

D. OLSON, M.D.  
CLINICAL DIRECTOR

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

## INMATE REQUEST TO STAFF MEMBER

FCI MCKEAN HEALTH SVC.

97 AUG 21 PM 1:05

DATE

8/21/97

TO: Hospital

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like to get the  
result of my X-Ray  
Thank you.

(Use other side of page if more space is needed)

NAME: Anthony Allen

No.:

40428053

Work assignment: Unicon

Unit:

3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

8-22-97

X-ray of left knee taken 8-4-97 shows no fracture  
or dislocation. There is no significant change from 6-15-95  
examination.  
(normal)

RAINELDO SAQUIN, M.D.  
STAFF PHYSICIANOriginal - File  
Canary - Inmate



U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

## INMATE REQUEST TO STAFF MEMBER

DATE 11/8/95TO To Dentist

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details)

I would like my teeth to be  
clean also xray. Thank you very  
much

(Use other side of page if more space is needed)

NAME: Anthony AllenNo. 40428053Work assignment: unicor ASM IUnit: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order  
satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 11-13-95

Your name is now on the dental  
treatment list.

K. Williams CDA

Officer

Federal Bureau of Prisons

INMATE REQUEST

MEMBER

DATE

9-2-94

TO:

Dentist

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like my tooth to clean, xray,  
And fill

(Use other side of page if more space is needed)

NAME:

Anthony Allen

No.:

40928053

Work assignment:

None as yet

Unit:

4 B

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

9-7-94

Your name is now on  
the dental treatment list.

J. Wilmore

Officer

INMATE REQUEST TO STAFF MEMBER

DATE 8-11-94

TO: PA  
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I need A copy of my lab work

Blood result Thank you

(Use other side of page if more space is needed)

NAME: Anthony Allen

No.: 404 28 053

Work assignment: \_\_\_\_\_

Unit: \_\_\_\_\_

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 8-11-94

A copy was given to you. on 8-11-94


MARCOS A. ANDUJAR  
F.M.C. FORT WORTH, TX

[Signature]  
Officer

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing *Memorandum of Law in Support of Motion to Dismiss, or in the Alternative, Motion for Summary Judgment*, was mailed, postage prepaid, this 7th day of July, 2005, to the following:

Anthony George Allen  
Register No. 40420-053  
FCI McKean  
P.O. Box 8000  
Bradford, PA 16701

  
\_\_\_\_\_  
JESSICA LIEBER SMOLAR  
Assistant United States Attorney

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

ANTHONY GEORGE ALLEN,	)	
	)	
Plaintiff,	)	
	)	
v.	)	CIVIL ACTION NO. 05-31E
	)	
UNITED STATES OF AMERICA,	)	Judge Sean J. McLaughlin
	)	Magistrate Judge Susan Paradise Baxter
Defendant.	)	

**ORDER**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 2005, upon  
consideration of the Defendant's Motion to Dismiss, or in the Alternative, Motion for Summary  
Judgment, and upon further consideration of any response thereto,

IT IS FURTHER ORDERED that the Complaint heretofore filed by Plaintiff is hereby  
dismissed, with prejudice.

---

UNITED STATE DISTRICT JUDGE